FORM PFS PERSONAL FINANCIAL STATEMENT **COVER SHEET** PAGE 1 PAGE# Filed in accordance with chapter 572 of the Government Code. 22 For filings required in 2019, covering calendar year ending December 31, 2018. ACCOUNT # Use FORM PFS--INSTRUCTION GUIDE when completing this form. 00081965 1 NAME TITLE; FIRST; MI **OFFICE USE ONLY** The Honorable Bradley L. **ELECTRONICALLY FILED** NICKNAME; LAST; SUFFIX 04/26/2019 Brad Buckley ADDRESS / PO BOX; 2 ADDRESS APT / SUITE #; CITY; STATE; ZIP Receipt # HD / PM Amount Date Processed X (CHECK IF FILER'S HOME ADDRESS) **TELEPHONE** AREA CODE PHONE NUMBER; EXTENSION Date Imaged NUMBER REASON FOR FILIING STATEMENT CANDIDATE _____ (INDICATE OFFICE) ELECTED OFFICER House Representative District 54 (INDICATE OFFICE) APPOINTED OFFICER ______ (INDICATE AGENCY) EXECUTIVE HEAD _____ (INDICATE AGENCY) FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR ______ (INDICATE PARTY) OTHER _____ (INDICATE POSITION) **5** Family members whose financial activity you are reporting (see instructions). SPOUSE SUSAN BUCKLEY **DEPENDENT CHILD** In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME PART 1A If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD ___ 2 EMPLOYMENT NAME AND ADDRESS OF EMPLOYER / POSITION HELD X EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER** KILLEEN VETERINARY CLINIC PLC ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE 1321 PERSHING KILLEEN, TX 76549 **POSITION HELD VETERINARIAN** NATURE OF OCCUPATION SELF-EMPLOYED INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD _ **EMPLOYMENT** NAME AND ADDRESS OF EMPLOYER / POSITION HELD X EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER RAY JACOBS & BUCKLEY PTRS** ADDRESS / PO BOX; APT / SUITE #; ZIP CODE CITY; STATE; 505 E ELMS ROAD KILLEEN, TX 76542 POSITION HELD VETERINARIAN NATURE OF OCCUPATION SELF-EMPLOYED INFORMATION RELATES TO FILER X SPOUSE DEPENDENT CHILD __ **EMPLOYMENT** NAME AND ADDRESS OF EMPLOYER / POSITION HELD X EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER** KILLEEN ISD ADDRESS / PO BOX; ZIP CODE APT / SUITE #; CITY; STATE: 200 S WS YOUNG DRIVE KILLEEN, TX 76543 POSITION HELD **EXECUTIVE DIRECTOR OF SECONDARY SCHOOLS** NATURE OF OCCUPATION

SELF-EMPLOYED

STOCK PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

Which the child is listed on the Co				
1 BUSINESS ENTITY	AFTER HOURS VETE	N RINARY SERVICES IN	IAME IC	
2 STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3 NUMBER OF SHARES	X LESS THAN 100 LESS THAN 10K	100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY	TEMPLE/BELTON AN	N IMAL EMERGENCY CE	NAME ENTER INC	
STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
NUMBER OF SHARES	LESS THAN 100	X 100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY	STAGECOACH PET H		IAME	
BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	STAGECOACH PET H		DEPENDENT CHILD)
STOCK HELD OR		HOSPITAL, PC		1,000 TO 4,999
STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100	SPOUSE 100 TO 499 X 10,000 OR MORE	DEPENDENT CHILD	

BONDS, NOTES & OTHER COMMERCIAL PAPER

PART 3

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

ı	which the child is I			indicate the child about wh	om you are reporting by pro	oviding the number under
	DESCRIPTION OF INSTRUMENT	F	NOTE RECEIVABLE-	AUSTIN LEDGER		
2	HELD OR ACQUIRED BY		X FILER	SPOUSE	DEPENDENT CHILD	
3	IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	DESCRIPTION OF INSTRUMENT	F	NOTE RECEIVABLE -	KERI JONES		
	HELD OR ACQUIRED BY		X FILER	SPOUSE	DEPENDENT CHILD	
	IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	DESCRIPTION OF INSTRUMENT	F	NOTE RECEIVABLE -	CHRISTINA MASTROF	PIETRO	
	HELD OR ACQUIRED BY		X FILER	SPOUSE	DEPENDENT CHILD	
	IF SOLD	NET GAIN	_	_	_	_
		NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

MUTUAL FUNDS PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

		NAME	
AMERICAN FUNDS	<u>'</u>	VAIVIL	
X FILER	X SPOUSE	DEPENDENT CHILD	
LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
5,000 to 9,999	10,000 OR MORE		
LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
AMERICAN FUNDS- S		NAME	
X FILER	SPOUSE	DEPENDENT CHILD)
LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
5,000 to 9,999	10,000 OR MORE		
LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
PUTNAM/AMERICAN	FUNDS - RETIREMEN	Т	
FILER	X SPOUSE	DEPENDENT CHILD)
LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
5,000 to 9,999	X 10,000 OR MORE		
LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
AMERICAN FUNDS -		NAME	
AMERICAN FUNDS -		NAME DEPENDENT CHILD)
	401K RETIREMENT		1,000 TO 4,999
X FILER	401K RETIREMENT	DEPENDENT CHILD	
	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 MERICAN FUNDS- \$1	X FILER X SPOUSE LESS THAN 100 100 TO 499 10,000 OR MORE LESS THAN \$5,000 \$5,000 - \$9,999 AMERICAN FUNDS- SEP RETIREMENT X FILER SPOUSE LESS THAN 100 100 TO 499 10,000 OR MORE D D D D D D D D D D	X FILER X SPOUSE DEPENDENT CHILD LESS THAN 100 100 TO 499 500 TO 999 5,000 to 9,999 10,000 OR MORE LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 NAME AMERICAN FUNDS- SEP RETIREMENT X FILER SPOUSE DEPENDENT CHILD LESS THAN 100 100 TO 499 500 TO 999 5,000 to 9,999 10,000 OR MORE LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 MAME PUTNAM/AMERICAN FUNDS - RETIREMENT DEPENDENT CHILD LESS THAN 100 100 TO 499 500 TO 999 5,000 to 9,999 X 10,000 OR MORE LESS THAN 100 100 TO 499 500 TO 999 5,000 to 9,999 X 10,000 OR MORE LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999

MUTUAL FUNDS PART 4 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. MUTUAL FUND NAME AMERICAN FUNDS - 529 FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD NUMBER OF SHARES OF MUTUAL FUND LESS THAN 100 100 TO 499 X 500 TO 999 1,000 TO 4,999 5,000 to 9,999 10,000 OR MORE 4 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NET LOSS

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF INCOME	NAME AND ADDRESS
Publicly held corporation	3 DOC'S LAND COMPANY ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1321 PERSHING DR
	KILLEEN, TX 76549
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
3 AMOUNT	\$500 - \$4,999 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE
SOURCE OF INCOME Publicly held corporation	NAME AND ADDRESS TIMBUKTOO PROPERTY MANAGEMENT LLC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O BOX 2434
	HARKER HEIGHTS, TX 76548
RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
AMOUNT	\$500 - \$4,999 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
SOURCE OF INCOME Publicly held corporation	NAME AND ADDRESS AUSTIN LEDGER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3132 FM 1113
_	AUSTIN LEDGER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
_	AUSTIN LEDGER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3132 FM 1113
Publicly held corporation	AUSTIN LEDGER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3132 FM 1113 COPPERAS COVE, TX 76522
Publicly held corporation RECEIVED BY AMOUNT	AUSTIN LEDGER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3132 FM 1113 COPPERAS COVE, TX 76522 X FILER SPOUSE DEPENDENT CHILD \$500 - \$4,999 X \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE
Publicly held corporation RECEIVED BY	AUSTIN LEDGER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3132 FM 1113 COPPERAS COVE, TX 76522 X FILER SPOUSE DEPENDENT CHILD \$500 - \$4,999 X \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE NAME AND ADDRESS
Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	AUSTIN LEDGER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3132 FM 1113 COPPERAS COVE, TX 76522 X FILER SPOUSE DEPENDENT CHILD \$500 - \$4,999 X \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE NAME AND ADDRESS KERI JONES
Publicly held corporation RECEIVED BY AMOUNT	AUSTIN LEDGER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3132 FM 1113 COPPERAS COVE, TX 76522 X FILER SPOUSE DEPENDENT CHILD \$500 - \$4,999 X \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE NAME AND ADDRESS
Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	AUSTIN LEDGER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3132 FM 1113 COPPERAS COVE, TX 76522 X FILER SPOUSE DEPENDENT CHILD \$500 - \$4,999 X \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR MORE NAME AND ADDRESS KERI JONES ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	AUSTIN LEDGER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3132 FM 1113 COPPERAS COVE, TX 76522 X FILER SPOUSE DEPENDENT CHILD \$500 - \$4,999 X \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR MORE NAME AND ADDRESS KERI JONES ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 341 LIVE OAK CEMETERY ROAD
Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME Publicly held corporation	AUSTIN LEDGER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3132 FM 1113 COPPERAS COVE, TX 76522 X FILER SPOUSE DEPENDENT CHILD SPOUSE State S

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under

which the child is listed on the Co	over Sheet.
1 SOURCE OF INCOME	NAME AND ADDRESS
X Publicly held corporation	EDWARD JONES ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
3 AMOUNT	X \$500 - \$4,999 S5,000 - \$9,999 S10,000 - \$24,999 S25,000OR MORE
SOURCE OF INCOME Publicly held corporation	NAME AND ADDRESS CHRISTINA MASTROPIETRO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6009 DRYSTONE LANE
RECEIVED BY	KILLEEN, TX 76542 X FILER SPOUSE DEPENDENT CHILD
AMOUNT	X \$500 - \$4,999

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First State Bank of C	entral Texas	
2 LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD
3 GUARANTOR	BUCKLEY, BRADLE	Υ	
4 AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	X \$10,000 - \$24,999 \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First State Bank of C	entral Texas	
LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD
GUARANTOR	BUCKLEY, BRADLE	Y	
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 X \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First State Bank of C	entral Texas	
LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD
GUARANTOR	BUCKLEY, BRADLE	Y	
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 X \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First State Bank of C	entral Texas	
LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD
GUARANTOR	BUCKLEY, BRADLE	Y	
AMOUNT	\$1,000 - \$4,999	X \$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First State Bank of C	Central Texas	
2 LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD
3 GUARANTOR	BUCKLEY, BRADLE	ΞΥ	
4 AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 X \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First State Bank of C	Central Texas	
LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD
GUARANTOR	BUCKLEY, BRADLE	EY	
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	X \$10,000 - \$24,999
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First State Bank of C	Central Texas	
LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD
GUARANTOR	BUCKLEY, BRADLE	EY	
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 X \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First State Bank of C	Central Texas	
LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD
GUARANTOR	BUCKLEY, BRADLE	EY	
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	X \$10,000 - \$24,999

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

which the child is listed on the Co	over Sheet.			
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First State Bank of C	entral Texas		
2 LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILE)
3 GUARANTOR	BUCKLEY, BRADLE	Υ		
4 AMOUNT	\$1,000 - \$4,999	X \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First State Bank of C	entral Texas		
LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILE)
GUARANTOR	BUCKLEY, BRADLE	Y		
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	EDWARD JONES			
HOLDING NOTE OR	EDWARD JONES X FILER	SPOUSE	DEPENDENT CHILE)
HOLDING NOTE OR LEASE AGREEMENT		—	DEPENDENT CHILI)
HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF	X FILER	—	DEPENDENT CHILE \$10,000 - \$24,999	X \$25,000OR MORE
HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF GUARANTOR	X FILER BRADLEY, BUCKLE			_
HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF GUARANTOR	X FILER BRADLEY, BUCKLE			_
HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF GUARANTOR	X FILER BRADLEY, BUCKLE			_
HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF GUARANTOR	X FILER BRADLEY, BUCKLE			_

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

1	HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILI	D
2	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	S 1313 PERSHING KILLEEN, TX 76543	TREET ADDRESS, INCLUI	DING CITY, COUNTY, AND	STATE
3	DESCRIPTION X LOTS ACRES	NUMBEI 1.00000 lots BELL	R OF LOTS OR ACRES AN	ID NAME OF COUNTY WH	ERE LOCATED
4	NAMES OF PERSONS RETAINING AN INTEREST X NOT APPLICABLE (SEVERED MINERAL INTEREST)				
5	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,00	0 \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILI	D
	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS			DEPENDENT CHILE	
	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S	s	TREET ADDRESS, INCLUI		STATE
	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS	NUMBEI 21.50000 acres	TREET ADDRESS, INCLUI	DING CITY, COUNTY, AND	STATE
	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS X ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL	NUMBEI 21.50000 acres BELL	TREET ADDRESS, INCLUI	DING CITY, COUNTY, AND	STATE

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

1 HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD NAME AND ADDRESS	
	_
(Check if Filer's Home Address) 3 DOC'S LAND COMPANY	
1321 PERSHING DRIVE	
KILLEEN, TX 76542	
3 IF SOLD NET GAIN LESS THAN \$5,000 S5,000 - \$9,999 S10,000 - \$24,999 S25,000OR	MORE
HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD	-
DESCRIPTION NAME AND ADDRESS	,
(Check if Filer's Home Address)	
KILLEEN VETERINARY CLINIC PLC	
1321 PERSHING DRIVE	
KILLEEN, TX 76542	
IF SOLD □ NET GAIN □ NET LOSS □ LESS THAN \$5,000 □ \$5,000 - \$9,999 □ \$10,000 - \$24,999 □ \$25,000 - OR	MORE
NET LOSS LESS THAN \$5,000 L \$5,000 - \$9,999 L \$10,000 - \$24,999 L \$25,000OR	MORE
	MORE
HELD OR ACQUIRED BY LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR	MORE
HELD OR ACQUIRED BY X FILER SPOUSE NAME AND ADDRESS (Check if Filer's Home Address)	MORE
HELD OR ACQUIRED BY X FILER SPOUSE DESCRIPTION NAME AND ADDRESS (Check if Filer's Home Address) RAY JACOBS & BUCKLEY PARTNERS	MORE
HELD OR ACQUIRED BY X FILER SPOUSE NAME AND ADDRESS (Check if Filer's Home Address)	MORE
HELD OR ACQUIRED BY X FILER SPOUSE DESCRIPTION NAME AND ADDRESS (Check if Filer's Home Address) RAY JACOBS & BUCKLEY PARTNERS	-
HELD OR ACQUIRED BY X FILER	-
HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD NAME AND ADDRESS (Check if Filer's Home Address) RAY JACOBS & BUCKLEY PARTNERS 505 E ELMS ROAD KILLEEN, TX 76542	-
LESS THAN \$5,000	-
LESS THAN \$5,000	-
LESS THAN \$5,000	-
HELD OR ACQUIRED BY X FILER	-
HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD NAME AND ADDRESS (Check if Filer's Home Address) RAY JACOBS & BUCKLEY PARTNERS 505 E ELMS ROAD KILLEEN, TX 76542 IF SOLD NET LOSS HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD 1 \$25,000-OR \$24,999 \$25,000-OR \$26,000-OR \$26,000-OR	-
HELD OR ACQUIRED BY X FILER	-
LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR HELD OR ACQUIRED BY X FILER	-
LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD	- MORE

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

HELD OR ACQUIRED BY FILER	ı	which the child is listed on the Co	iver Sileet.			
Check if Filer's Home Address) AFTER HOURS VETERINARY SERVICES INC 2501 S WS YOUNG DRIVE #109 KILLEEN, TX 76542	1	HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
AFTER HOURS VETERINARY SERVICES INC 2501 S WS YOUNG DRIVE #109 KILLEEN, TX 76542 3 IF SOLD	2	DESCRIPTION		_		
RILLEEN, TX 76542			AFTER HOURS VETE			
Tender Section Secti			2501 S WS YOUNG D	RIVE #109		
LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR MORE			KILLEEN, TX 76542			
DESCRIPTION NAME AND ADDRESS Check if Filer's Home Address)	3	H 6 1	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
AHVS HOLDINGS, LLC 2501 S WS YOUNG DRIVE #109 KILLEEN, TX 76542 IF SOLD		HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
AHVS HOLDINGS, LLC 2501 S WS YOUNG DRIVE #109 KILLEEN, TX 76542 IF SOLD NET GAIN NET LOSS LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR MORE HELD OR ACQUIRED BY FILER SPOUSE DEPENDENT CHILD DESCRIPTION NAME AND ADDRESS TEMPLE/BELTON ANIMAL EMERGENCY CENTER, INC 3809 S GENERAL BRUCE DR TEMPLE, TX 76502 IF SOLD NET GAIN NET LOSS LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR MORE HELD OR ACQUIRED BY FILER SPOUSE DEPENDENT CHILD DESCRIPTION NAME AND ADDRESS Check if Filer's Home Address) STAGECOACH PET HOSPITAL PC 4826 E STAGECOACH RD		DESCRIPTION		_		
KILLEEN, TX 76542 IF SOLD NET GAIN NET LOSS LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD DESCRIPTION NAME AND ADDRESS (Check if Filer's Home Address) TEMPLE/BELTON ANIMAL EMERGENCY CENTER, INC 3809 S GENERAL BRUCE DR TEMPLE, TX 76502 IF SOLD NET GAIN NET LOSS LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD DESCRIPTION NAME AND ADDRESS (Check if Filer's Home Address) STAGECOACH PET HOSPITAL PC 4826 E STAGECOACH RD			AHVS HOLDINGS, LLO		Filer's Home Address)	
IF SOLD			2501 S WS YOUNG D	RIVE #109		
HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD			KILLEEN, TX 76542			
DESCRIPTION X FILER SPOUSE DEPENDENT CHILD		<u>—</u>	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
DESCRIPTION NAME AND ADDRESS (Check if Filer's Home Address) TEMPLE/BELTON ANIMAL EMERGENCY CENTER, INC 3809 S GENERAL BRUCE DR TEMPLE, TX 76502 IF SOLD NET GAIN NET LOSS LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD NAME AND ADDRESS (Check if Filer's Home Address) STAGECOACH PET HOSPITAL PC 4826 E STAGECOACH RD						
Check if Filer's Home Address) TEMPLE/BELTON ANIMAL EMERGENCY CENTER, INC 3809 S GENERAL BRUCE DR TEMPLE, TX 76502	F	HELD OR ACQUIRED BY				
TEMPLE/BELTON ANIMAL EMERGENCY CENTER, INC 3809 S GENERAL BRUCE DR TEMPLE, TX 76502 IF SOLD NET GAIN NET LOSS LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR MORE HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD DESCRIPTION NAME AND ADDRESS STAGECOACH PET HOSPITAL PC 4826 E STAGECOACH RD			X FILER	<u> </u>	<u> </u>)
TEMPLE, TX 76502 IF SOLD NET GAIN NET LOSS LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD DESCRIPTION NAME AND ADDRESS (Check if Filer's Home Address) STAGECOACH PET HOSPITAL PC 4826 E STAGECOACH RD			X FILER	NAME AI	ND ADDRESS)
IF SOLD			TEMPLE/BELTON AN	NAME AI (Check if F IMAL EMERGENCY CI	ND ADDRESS Filer's Home Address))
HELD OR ACQUIRED BY SPOUSE SPOUSE SENTING SENTI			TEMPLE/BELTON AN	NAME AI (Check if F IMAL EMERGENCY CI	ND ADDRESS Filer's Home Address))
DESCRIPTION NAME AND ADDRESS (Check if Filer's Home Address) STAGECOACH PET HOSPITAL PC 4826 E STAGECOACH RD			TEMPLE/BELTON AN 3809 S GENERAL BRI	NAME AI (Check if F IMAL EMERGENCY CI	ND ADDRESS Filer's Home Address))
(Check if Filer's Home Address) STAGECOACH PET HOSPITAL PC 4826 E STAGECOACH RD		DESCRIPTION IF SOLD NET GAIN	TEMPLE/BELTON ANI 3809 S GENERAL BRI TEMPLE, TX 76502	NAME AI (Check if F IMAL EMERGENCY CI UCE DR	ND ADDRESS Filer's Home Address) ENTER, INC	
STAGECOACH PET HOSPITAL PC 4826 E STAGECOACH RD		DESCRIPTION IF SOLD NET GAIN NET LOSS	TEMPLE/BELTON AN 3809 S GENERAL BRI TEMPLE, TX 76502	NAME AI (Check if F IMAL EMERGENCY CI UCE DR \$5,000 - \$9,999	ND ADDRESS Filer's Home Address) ENTER, INC	\$25,000OR MORE
		DESCRIPTION IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY	TEMPLE/BELTON AN 3809 S GENERAL BRI TEMPLE, TX 76502	NAME AI (Check if F IMAL EMERGENCY CI UCE DR \$5,000 - \$9,999 SPOUSE NAME AI	ND ADDRESS Filer's Home Address) ENTER, INC \$10,000 - \$24,999 DEPENDENT CHILD ND ADDRESS	\$25,000OR MORE
KILLEEN, TX 76542		DESCRIPTION IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY	TEMPLE/BELTON AND 3809 S GENERAL BRICE TEMPLE, TX 76502 LESS THAN \$5,000 X FILER	NAME AI (Check if F IMAL EMERGENCY CI UCE DR \$5,000 - \$9,999 SPOUSE NAME AI	ND ADDRESS Filer's Home Address) ENTER, INC \$10,000 - \$24,999 DEPENDENT CHILD ND ADDRESS	\$25,000OR MORE
<u> </u>		DESCRIPTION IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY	TEMPLE/BELTON ANI 3809 S GENERAL BRI TEMPLE, TX 76502 LESS THAN \$5,000 X FILER STAGECOACH PET H	NAME AI (Check if F IMAL EMERGENCY CI UCE DR \$5,000 - \$9,999 SPOUSE NAME AI (Check if F IOSPITAL PC	ND ADDRESS Filer's Home Address) ENTER, INC \$10,000 - \$24,999 DEPENDENT CHILD ND ADDRESS	\$25,000OR MORE
IF SOLD NET GAIN		DESCRIPTION IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY	TEMPLE/BELTON ANI 3809 S GENERAL BRI TEMPLE, TX 76502 LESS THAN \$5,000 X FILER STAGECOACH PET H	NAME AI (Check if F IMAL EMERGENCY CI UCE DR \$5,000 - \$9,999 SPOUSE NAME AI (Check if F IOSPITAL PC	ND ADDRESS Filer's Home Address) ENTER, INC \$10,000 - \$24,999 DEPENDENT CHILD ND ADDRESS	\$25,000OR MORE
IF SOLD IN I I I I I I I I I I I I I I I I I I		DESCRIPTION IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY	TEMPLE/BELTON ANI 3809 S GENERAL BRI TEMPLE, TX 76502 LESS THAN \$5,000 X FILER STAGECOACH PET H 4826 E STAGECOACH	NAME AI (Check if F IMAL EMERGENCY CI UCE DR \$5,000 - \$9,999 SPOUSE NAME AI (Check if F IOSPITAL PC	ND ADDRESS Filer's Home Address) ENTER, INC \$10,000 - \$24,999 DEPENDENT CHILD ND ADDRESS	\$25,000OR MORE

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

the child is listed on the Cover S	Sheet.
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) 3 DOC'S LAND COMPANY 1321 PERSHING DRIVE KILLEEN, TX 76542
2 DESCRIPTION	
3 BUSINESS TYPE	Corporation Limited Partnership Profesional Association Firm Limited Liability Partnership Joint Venture X Partnership Professional Corporation Other
4 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) KILLEEN VETERINARY CLINIC PLC 1321 PERSHING DRIVE KILLEEN, TX 76542
2 DESCRIPTION	
3 BUSINESS TYPE	Corporation Limited Partnership Profesional Association Firm Limited Liability Partnership Joint Venture X Partnership Professional Corporation Other
4 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

the child is listed on the Cover s	Sheet.		
1 BUSINESS ASSOCIATION	NAME AND ADDRESS		
	(Check If Filer's Home Address)		
	RAY JACOBS & BUCKLEY PARTNERS		
	505 E ELMS ROAD		
	KILLEEN, TX 76542		
2 DESCRIPTION			
3 BUSINESS TYPE	Corporation		
Bosiness i ii E	Corporation Limited Partnership Profesional Association		
	Firm Limited Liability Partnership Joint Venture		
	X Partnership Professional Corporation Other		
4 HELD, ACQUIRED,			
OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD		
1 BUSINESS ASSOCIATION	NAME AND ADDRESS		
	(Check If Filer's Home Address)		
	TIMBUKTOO PROPERTY MANAGEMENT LLC		
	P O BOX 2434		
	HARKER HEIGHTS, TX 76548		
2 DESCRIPTION			
3 BUSINESS TYPE	Corporation Limited Partnership Profesional Association		
	Firm Limited Liability Partnership Joint Venture		
	X Partnership Professional Corporation Other		
4 HELD, ACQUIRED,			
OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD		

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

the child is listed on the Cover S	nicet.
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) AFTER HOURS VETERINARY SERVICES INC 2501 S WS YOUNG DRIVE #109
	KILLEEN, TX 76542
2 DESCRIPTION	
3 BUSINESS TYPE	X Corporation Limited Partnership Profesional Association Firm Limited Liability Partnership Joint Venture Partnership Professional Corporation Other
4 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) AHVS HOLDINGS, LLC 2501 S WS YOUNG DRIVE #109 KILLEEN, TX 76542
2 DESCRIPTION	
3 BUSINESS TYPE	Corporation Limited Partnership Profesional Association Firm Limited Liability Partnership Joint Venture X Partnership Professional Corporation Other
4 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

the child is listed on the Cover	Sheet.
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) TEMPLE/BELTON ANIMAL EMERGENCY CENTER, INC 3809 S GENERAL BRUCE DR
	TEMPLE, TX 76502
2 DESCRIPTION	
3 BUSINESS TYPE	X Corporation Limited Partnership Profesional Association Firm Limited Liability Partnership Joint Venture Partnership Professional Corporation Other
4 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD
1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) STAGECOACH PET HOSPITAL PC 4826 E STAGECOACH RD KILLEEN, TX 76542
2 DESCRIPTION	
3 BUSINESS TYPE	Corporation Limited Partnership Profesional Association Firm Limited Liability Partnership Joint Venture Partnership X Professional Corporation Other
4 HELD, ACQUIRED, OR SOLD BY	X FILER SPOUSE DEPENDENT CHILD
l	

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

the child is listed on the Cover S	neet.		
1 BUSINESS	NAME A	ND ADDRESS	
ASSOCIATION	OCIATION (Check If Filer's Home Address)		
	TIMBUKTOO PROPERTY MANAGEMENT LLC		
	P O BOX 2434		
	HARKER HEIGHTS, TX 76548		
	TARRENTIEIOTTS, TX 70340		
2 BUSINESS TYPE	Partnership		
3 HELD, ACQUIRED,			
OR SOLD BY	X FILER SPOUSE	DEPENDENT CHILD _	
4 ASSETS	DESCRIPTION	CATE	GORY
	CASH	ł	
		LESS THAN \$5,000	\$5,000 - \$9,999
		\$10,000 - \$24,999	X \$25,000 OR MORE
	LAND, BUILDING AND IMPROVEMENTS	— <u> </u>	
	LAND, BUILDING AND IMPROVEMENTS	LESS THAN \$5,000	\$5,000 - \$9,999
		\$10,000 - \$24,999	X \$25,000 OR MORE
Ī			

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

	the child is listed on the Cover S		, indicate the child about w	mom you are reporting by provi	uing the number under which
1	BUSINESS ASSOCIATION	TIMBUKTOO PROPERT P O BOX 2434	(Check If F	ND ADDRESS iler's Home Address)	
		HARKER HEIGHTS, TX	76548		
2	BUSINESS TYPE	Partnership			
3	HELD, ACQUIRED, OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD _	
4	LIABILITIES	DESCE	RIPTION NATIONAL BANK	CATE LESS THAN \$5,000 \$10,000 - \$24,999	EGORY \$5,000 - \$9,999 X \$25,000OR MORE

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. If you place a check in a box, do NOT include pages for that Part in the report.

6	PAR	TS NOT APPLICABLE TO FILER
		N/A Part 1A - Sources of Occupational Income
	Χ	N/A Part 1B - Retainers
		N/A Part 2 - Stock
		N/A Part 3 - Bonds, Notes & Other Commercial Paper
		N/A Part 4 - Mutual Funds
		N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
		N/A Part 6 - Personal Notes and Lease Agreements
		N/A Part 7A - Interests in Real Property
		N/A Part 7B - Interests in Business Entities
	Х	N/A Part 8 - Gifts
	Χ	N/A Part 9 - Trust Income
	Х	N/A Part 10A - Blind Trusts
	Х	N/A Part 10B - Trustee Statement
		N/A Part 11A - Business Associations
		N/A Part 11B - Assets of Business Associations
		N/A Part 11C - Liabilities of Business Associations
	Х	N/A Part 12 - Boards and Executive Positions
	Х	N/A Part 13 - Expenses Accepted Under Honorarium Exception
	Χ	N/A Part 14 - Interest in Business in Common with Lobbyist
	Χ	N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
	Х	N/A Part 16 - Representation by Legislator Before State Agency
	Χ	N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
	Х	N/A Part 18 - Legislative Continuances
	Χ	N/A Part 19 - Contracts with Governmental Entity
	Χ	N/A Part 20 - Bond Counsel Services Provided by a Legislator

verification page on a personal statement filed electronic	ed. Without proper verification, the statement is not consid	arad filad	
		cieu illeu.	
ridual required to file the personal financial statement.	e verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the ividual required to file the personal financial statement.		
	with an authority other than the Texas Ethics Commission ent as wells as the signature and stamp or seal of office of is.		
	I swear, or affirm, under penalty of perjury, that this tovers calendar year ending December 31, 2018, a and includes all information required to be reported 572 of the Government Code.	nd is true and correct	
	The Honorable Bradley L. Bu	ckley	
	Signature of Filer		
FIX NOTARY STAMP / SEAL ABOVE			
orn to and subscribed before me, by the said, 20, to certify which, wi	thess my hand and seal of office.	day	
Signature of officer administering oath Printed r	name of officer administering oath Title of officer	cer administering oath	